



Mountain Sun Community School

Mailing Address: P.O. Box 788, Pisgah Forest, NC 28768 ~ 828-577-2328
Physical Address: 1020 Asheville Highway, Brevard, NC 28712

Application for Kindergarten & Elementary Enrollment School Year 2010-2011

Parent(s): Please complete this form and submit a non-refundable \$50 application processing fee. Registration materials will follow enrollment application and admissions decision. Tuition is \$5250 annually or \$525/monthly (paid over ten installments, including the deposit due June 1, 2010 and 9 monthly payments due September, 2010 through May, 2011).

APPLICANT'S NAME: _____
Last First Middle Preferred Name

CURRENT AGE: _____ BIRTHDATE: _____ SEX (M/F): _____

APPLICANT'S ADDRESS: _____ PHONE: _____

CITY: _____ STATE: _____ ZIP: _____

This Applicant lives with (circle one): Both Parents Parent 1/Guardian Parent 2 Grandparents Other

Parent 1/Guardian Name: _____ Home Phone: _____

Home Address (if different from child's): _____

Cell: _____ Email: _____

Place of Employment: _____ Work Phone: _____

Parent 2 Name: _____ Home Phone (if different from child's): _____

Home Address (if different from child's): _____

Cell: _____ Email: _____

Place of Employment: _____ Work Phone: _____

Applicant's previous & current school, preschool or daycare experience, if any:

Name of School or Preschool	City/State	Days Attended	Hours Attended

Additional Family Information:

Sibling: _____ Age: _____ Grade: _____ School: _____

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Please comment on your reasons for being attracted to the Mountain Sun Community School for your child: _____

What do you hope your child will gain from the educational experience at Mountain Sun Community School?

If your child is a grade student from another school, why are you leaving your current school?

Does your child have any physical impairments or allergies which would in any way affect participation in the full range of school activities? ___Yes ___No If "yes", please give details:

Does your child have any recent serious physical or emotional illness which requires or has required the care of a physician? ___Yes ___No If "yes", please give details:

How likely is your child to distract or be easily distracted by others?

Has your child been recommended for evaluation, or been evaluated or been identified as having learning differences, developmental delays, visual or auditory processing difficulties, or behavior or emotional disorders (ADD, ADHS, bipolar disorder, OCD. etc)? _____Yes _____No If yes, a copy of the report/evaluation MUST be provided to the school. (This information will be kept confidential.)

Do you suspect that your child may have any of the above delays or differences? _____ Please explain:

Has student been suspended or dismissed from any school? ____ Yes ____ No If yes, please comment:

Any other additional comments or information you would like us to have about your child in regards to their application to Mountain Sun Community School?

Registration materials including health information and parent questionnaire will be provided after the completed application form is received and an admissions decision is made. Families will be notified of the admissions decision within 30 days after the receipt of a completed application. Space will generally be filled on a first-come, first-serve basis, however special consideration will also be given to balancing the age ranges of the applicants. A deposit, which will be applied to the annual tuition, equal to one-month payment (of a 10 installment payment schedule) will be required to confirm your child's space in the Mountain Sun Community School by June 1, 2010.

Parent 1/Guardian Signature: _____ Date: _____

Parent 2 Signature: _____ Date: _____

Completed applications may be hand-delivered to the School Director or mailed to:

Julie Williams
Mountain Sun Community School
P.O. Box 788
Pisgah Forest, NC 28768

Mountain Sun Community School does not discriminate on the basis of race, color, sex, national or ethnic origin, sexual orientation or religion in its educational, admissions, and hiring policies and practices.